

Working in partnership with nursing home sector to facilitate improved wound management with the introduction of Bioactive Microfibre Gelling (BMG™) technology

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INTRODUCTION

Tissue Viability is an area of healthcare that has synergy with many medical specialties and care settings.

Our team covers 53 nursing homes across our trust, locations are both large and widespread.

Patients with increased care needs are now being discharged faster from hospital into the community and nursing home staff are often not prepared for this.

Challenges facing wound management within this care setting involve continuity of staff, use of agency staff and high staff turnover. Education to the nursing home sector has been an issue during and since the pandemic.

As a team we recognise the importance of ensuring that clinicians have every opportunity to access new innovative products and training and we are committed to the provision of support to service, clinical and patient needs.



METHOD

To provide 'in use' clinical data to establish if a new BMG fibre technology dressing (MaxioCel®) could facilitate improved wound management objectives in patients with chronic wounds in nursing homes via case study series over a 4 week period.

RESULTS

Improvement in wound bed preparation, healing trajectory and enhanced status of the periwound skin.

1

2

Pain levels were reduced and, as a consequence, patient reported outcomes improved.

Dressing flexibility and conformability allowed comfort and patient satisfaction aligned with increased quality of life and undisturbed healing.

3

4

Effective in the management of moderate-to-high exudate, increased patient comfort and QoL.

5

CONCLUSION

Nursing home staff really embraced the evaluation. They were excited, enthusiastic and impressed with how MaxioCel progressed the wounds and the improvement it made. The staff absorbed the information and followed the advice given to the letter. All participating clinicians indicated that they would continue to use MaxioCel as an excellent all-rounder.

CASE STUDY

53 year old male

with deep vein thrombosis, osteomyelitis, pulmonary embolism, spinabifida, scoliosis of the spine, essential hypertension. BMI >35. Patient unable to feel pain as no sensation.

2 x category 3 sacral pressure ulcers

static, non-healing for six months.

Previous medical interventions

Foam dressings due to patients sensitive skin and reactions to other adhesives.

Dressings being changed daily.

MaxioCel commenced

8th September 2022, with the aim to manage exudate and promote healing.

Wound healing progression

Over 4 weeks, both wounds continued to improve.

Wound one progressed from 10% slough, 5% necrosis and 85% granulation to 100% granulation.

Wound two progressed from 5% slough and 95% granulation to 100% granulation.

In both cases exudate levels lowered from moderate-high to low, and periwound skin was healthy.

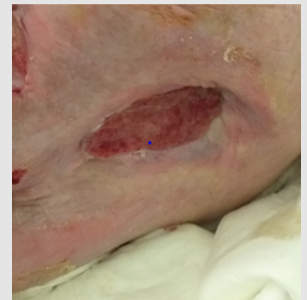
Patient continued to have MaxioCel applied post the four week evaluation and continues to improve. Progress is being monitored pending future publication.

Wound One



08.09.22

Wound Two



08.09.22



15.09.22



15.09.22



11.10.22



11.10.22

Key Clinical & Patient Benefits

1

MaxioCel autolytically debrided slough and wound bed necrosis to bony area of wound one, which facilitated more clearly defined wound management objectives. Wound two improved very well.

2

MaxioCel was easy to use and apply. Exudate management capabilities of the dressing and one piece removal all noted to be "very good".

3

No dressing residue left in the wound - it did not cause any disruption to the wound bed.

4

Maintaining a clean wound for this patient was crucial to prevent wound infection.

5

Patient happy with MaxioCel dressing and nursing home staff have stated they feel the improvement in his wound is "amazing".

